

**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number: 09/480,455	Confirmation Number: 2494
Filing Date: December 13, 1999	
First Named Inventor: Steven GARDELL	RECEIVED CENTRAL FAX CENTER
Group Art Unit: 2152	JAN 11 2005
Examiner: Dung C. Dinh	
Attorney Docket Number: 98-3-511-CON1	
Attorney Customer Number: 32,127	

Fee Only

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114: **Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs request non-entry of such amendment.**
 - a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - i. Consider the arguments in the Appeal Brief of Reply Brief previously filed on [Date]
 - ii. Unentered Amendment After-Final dated November 11, 2004
 - b. Enclosed:

i. <input type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____
2. Miscellaneous
 - a. Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of [number] months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
 - b. Other _____
3. Fees
 - a. The filing fee is calculated as follows:
 - i. \$790.00 RCE fee required under 37 C.F.R. § 1.17(e)
 - ii. Petition for extension of time for (3 Months) \$1,020.00
 - iii. Other _____
 - b. Check in the amount of \$____ enclosed.
 - c. The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 07-2339.

Signature of Applicant, Attorney, or Agent Required

Name: Joel Wall	Reg. No.: 25,848
Signature: <i>Joel Wall/cor</i>	Date: January 11, 2005

Certificate of Mailing or Transmission

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: [Date]

Name: Christian R. Andersen

Signature: <i>Christian R. Andersen</i>	Date: January 11, 2005
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

H105

Application or Docket Number

09460455

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		50 minus 20 =	
INDEPENDENT CLAIMS	9	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	395,00	OR BASIC FEE	790,00
XS 25 =		OR XS 50 =	
X 100 =		OR X 200 =	
+ 180 =		OR + 360 =	
TOTAL		OR TOTAL	790

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	=		
Total	*	Minus	=		
Independent	*	Minus	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		

SMALL ENTITY

OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 25 =		OR XS 50 =	
X 100 =		OR X 200 =	
+ 180 =		OR + 360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	=		
Total	*	Minus	=		
Independent	*	Minus	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
XS 25 =	
X 100 =	
+ 180 =	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS 50 =	
X 200 =	
+ 360 =	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	=		
Total	*	Minus	=		
Independent	*	Minus	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
XS 25 =	
X 100 =	
+ 180 =	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS 50 =	
X 200 =	
+ 360 =	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.